

FOR OFFICE USE ONLY License No.:					
Date:					
Medallion Fee: \$					

## DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS Adding and/or Removing Taxicab Vehicles

As stated in Harford County Code, §232-17 A (5), a \$5.00 fee will be assessed for each medallion issued. A copy of each vehicle's registration, proof of insurance and valid State of Maryland inspection certificate must be submitted with payment.

Business Name:								
Business Address:								
Phone Number:								
REMOVE  ADD								
Cab No.	Year	Make/Model			VIN		License Plate No.	
Registration Expiration Date Insu		Insuranc	rance Expiration Date State Inspe		n Date Med		dallion No.	
REMOVE □ ADD □								
Cab No.	Year		Make/Model		VIN		License Plate No.	
Registration Expiration Date		Insurance Expiration Date		State Inspection Date		Medallion No.		
REMOVE □ ADD □								
Cab No.	Year		Make/Model		VIN		License Plate No.	
Registration Expiration Date		Insurance Expiration Date		State Inspection Date		Medallion No.		
REMOVE □ ADD □								
Cab No.	Year		Make/Model		VIN		License Plate No.	
Registration Expiration Date		Insurance Expiration Date		State Inspection Date		Medallion No.		

Remit to: Department of Inspections, Licenses and Permits

220 S. Main Street

Bel Air, Maryland 21014

Phone: 410-638-3305 Fax: 410-638-3410